

# Time to end DeBakey myth

**A**N editorial in the Dec. 11 Chronicle, "Burying the scalpel," contained misconceptions that require elucidation. As a long-time professional colleague of Dr. Michael DeBakey and a sibling in a close-knit family, I can speak authentically about these misconceptions that impugn his character and that cannot be allowed to stand. The phrases "medical feud, bad blood, intense competition, medical cold war, rivalry" and the hyperbolic "medical equivalent of the Berlin Wall" are emotionally charged misnomers. The lexical definition of feud is a bitter, prolonged hostility between two parties. Not only is that incongruent with Michael DeBakey's character, but it is difficult to explain how — if he were focused on a feud — he has accomplished so much in medical research, education, healthcare, international medical diplomacy and public policy; written more than 1,500 scientific publications; and maintained currency in history, philosophy, world events, literature and the arts.

He has, moreover, never competed with anyone but himself, striving for excellence in everything he does and feeling an urgency to use his time in this life to improve the human condition. It is true that the intense competition alleged in the editorial received much publicity. It has a history. The feud myth was fabricated some years ago. Since then, indolent reporters, with increasing dependence on entertainment and sensationalism, have repeated the myth, now iterated in the editorial, prolonging its survival. Such fabrications may make seductive copy and titillate readers, but they are wholly spurious and allow fiction to intrude on fact.

Michael DeBakey was not, as the editorial implies, a partner "to the arrangement [at Baylor being] too confining." As chairman of the Department of Surgery at Baylor and later president of the college, he supported all members of his faculty, nominating them for

membership in prestigious medical societies, including Dr. Denton Cooley, and endorsing their promotion to higher positions.

Many nationally recognized cardiovascular surgeons who remained in his department until retirement or death obviously did not find the atmosphere too confining.

The editorial stated: Their rivalry turned bitter when Cooley implanted the first artificial heart in a patient and DeBakey claimed the device was actually a Baylor design that Cooley had used without permission.

The fact is that Dr. DeBakey was principal investigator of the National Institutes of Health research grant for the development of the artificial heart device at Baylor, in collaboration with the Rice University Engineering School, and Baylor was therefore responsible for adherence to the NIH ethical code for human experimentation. Dr. Cooley was not a member of this research grant program.

On April 4, 1969, a model of the biventricular orthotopic cardiac prosthesis fabricated by the NIH collaborative effort, according to *The History of Surgery in Houston*, "was covertly taken from the Baylor Surgical Laboratory to St. Luke's Hospital," where it was used in a human experiment before approval of the human research committees and without the knowledge of the principal investigator.

The preceding animal research did not show the device to be ready for human implantation. Any infraction of the NIH code of ethics jeopardizes a noncompliant institution's eligibility for any NIH grants. An investigation relieved Michael DeBakey of any responsibility.

Although he would naturally have preferred that this event had not occurred, he has harbored no bitterness; on the contrary, he has always been conspicuously focused on the positive and the future; nor have I ever heard him derogate Dr. Cooley; it is simply not in his nature to do so.

I have personally witnessed Michael DeBakey, in his early years here, working tirelessly, throughout many nights, to build his academic institution virtually from scratch while maintaining a daunting administrative, teaching, research and surgical schedule, in addition to national and international consultative demands on his time.

To this day, he is as committed and dedicated as ever. He has also always been a fervent patients' advocate, and to intimate that his behavior in any way has not been "in the best interest of patients and their city" is egregiously fallacious.

To chide a selfless professional who has devoted his entire life to the improvement of human health, sometimes at risk of personal health and safety, is a severe injustice. He has not gained universal esteem for his sterling probity and service to humanity by harboring the animus attributed to him. Dr. DeBakey has always used the scalpel solely to heal the sick. So let's not bury the scalpel, let's bury the feud myth — now.

— LOIS DeBAKEY  
Houston



CHRONICLE PHOTO

Dr. Michael DeBakey was photographed in Houston in April at the Legacies of Leadership Award banquet, where he and other medical professionals were honored.